

## COX II PA SUMMARY

<b>PREFERRED</b>	All generic NSAIDs.
<b>NON-PREFERRED</b>	Celebrex

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

- ❖ Claims history reviewed for age  $\geq 65$  yrs, one prescription for an anticoagulant in the past 6 months, or three prescriptions for steroids within the past 6 months, or a combination of two generic NSAIDs/Cox II and Mobic within the past year.
- ❖ If above claim history review is not met, physician should be prepared to provide specific diagnosis information with the Prior Authorization Representative.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).